۵.	PATENT	ON FEE	ORE	,	Application or Docket Number										
Effective October 1, 2003										10769692					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				27		·			RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS				27-minus 20=		• 7			X\$ 9∍			OR	XS18=	126	
INDEPENDENT CLAIMS				minus 3 =					X43=			ОЯ	X86=	86	
MULTIPLE DEPENDENT CLAIM PI				RESĖNT					+145=	1			+290=	1.60	
- 1	the differenc	٠ ,	TOTAL	4	·	OR		5 1/2							
CLAIMS AS AMENDED - PART II									IOIA	F		OR	TOTAL	DX2	
(Column 1)				(Column 2) (Column 3)				<u>.</u>	SMAL	LE	YTITM	OR	SMALL		
AMENDMENT A		REMAII AFTE AMENDI	VING R		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	. 27		Minus	-2	7	•		`X\$ 9=			OR	X\$18=		
	Independent	- Y	OE M	Minus	251/251/7	1	٠.		X43=	T		OA	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=	Ŧ		OR	+290=		
18 24 23							L	TOTA				TOTAL			
(Column 1) (Column 2) (Column 3)									DOIT. FEI	Ē (, ,	ADDIT. FEE!		
AMENDMENT B	8-30-06	CLAIN REMAIN AFTE AMENDN	IING R		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	1	Minus	- 2	7	- 0	lſ	X\$ 9=	1.		OR	X\$18=		
	Independent	·	<u> </u>	Minus	/	1	• 0		X43=	T	\mathcal{I}	OR	X86≖		
!	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+290=		
	•									Ĺ		OR A	TOTAL DOTT, FEE		
		(Column			_(Colum		(Column 3)		DOIT. FEE		•		DOI 1, 1 CE2	•	
ME		CLAIM REMAINI AFTEI AMENDM	NG	•	HIGHE NUMBI PREVIOL PAID FO	er ISLY	PRESENT EXTRA		RATÉ	T	NDDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Vinus	••		*		X\$ 9=	Γ		OR	X\$18=		
	Independent	•	I	Vinus	***		· .		X43=				X86=		
	FIRST PRESE	NIATION C	OF MUL	TIPLE DEF	ENDENT (MIAL		-		一		DR			
• H	the entry in colum	nn 1 is less t	han the	entry in colu	nn 2, write 'C	ir in coh	mn's.	Ŀ	+145=	L		PL	+290=		
71 71	the "Highest Num the "Highest Num he "Highest Num	nber Previou mber Previou	siy Paid siv Paid	For in This For in Thi	S SPACE IS I	ess than	20, enter '20."		TOTAL DIT. FEE	L	·		TOTAL DOTT. FEEL		
_	-							- rooms	, 	тор		n cotur			